

SHARED COST COLLECTION ROSTER

For use of this form, see USMEPCOM Reg 215-1

1. Name of MEPS:				2. Name of AVMF Manager:		
3. Name of event:				4. Date of event:		
5. NAME OF PARTICIPANT	6. SIGNATURE OF PARTICIPANT	7. NUMBER OF PEOPLE	8. COST PER PERSON	9. TYPE OF PAYMENT	10. AMOUNT COLLECTED	11. DATE COLLECTED
12. Total amount collected:			13. Date forwarded to the bank:			